

Barnet Council

Adult Social Care and Health

A review of strategic partnerships with customers, carers and communities

*“Working together to involve and share responsibility
with people, including people who use services and carers,
in the design, commissioning and provision of support
and services to meet people’s needs”*

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1.0 Executive Summary

This review was commissioned by Barnet Council Adult Social Care and Health (ASCH) in March 2012 in order to ensure that customers, carers and communities are engaged in a meaningful, transparent, consistent and efficient way.

This report is the result of one consultant's wide-ranging review of engagement and co-production across ASCH and concentrates on the role of Partnership Boards in the context of strategic partnerships and collaboration. Over 70 people were interviewed, individually or in groups, ranging from customers (people who use services) and carers to commissioners and partner organisations. A comprehensive review of current national thinking and duties also took place and is brought to bear appropriately.

It is clear that there is considerable potential for work in co-production through involving customers, carers and communities in improving services through commissioning and service development.

Members of the Barnet Council's ASCH's Senior Management Team (SMT) have expressed a desire to see how services can move towards co-production with customers, carers and communities. Co-production is about building relationships between different groups in order to share information, knowledge and experience, and come to consensus decisions on service development.

Following discussions with members and co-chairs of each of the existing Boards, a number of changes and improvements are proposed. These will enable a better alignment between the partnership structures and supporting collaborative arrangements, whilst getting greatest impact from partnership activity. The proposed changes will also ensure a focus on co-production and more direct accountability to customers, carers and the local community.

1.1 Background

Barnet Council ASCH has a track record of partnership working through the various Partnership Boards. The Partnership Boards have provided Barnet Council ASCH an effective forum to share its plans and seek views in setting out priorities and aspirations. Nevertheless, the current arrangements do not fully support the development of new models of care and the changing relationship that ASCH has with its customers, carers, communities and their representatives to help ensure local resources are directed at local needs.

Each of the major customer group areas has a partnership board, which enables Barnet Council ASCH, and other organisations to work together to improve services. There are the following partnership boards:

- Learning Disability Partnership Board
- Older Adults Partnership Board
- Mental Health Partnership Board
- Physical and Sensory Impairment Partnership Board

- Carers Strategy Partnership Board

Key developments and aims and targets from these Boards are reported annually to the Health and Wellbeing Board.

Each Board approaches involvement in a different way, with mechanisms in place to assist wider accountability. Reflecting on these differences may enhance the engagement with the Partnership Boards and with people who use services.

1.2 Findings

There are several fundamental and interlinked factors which have influenced the findings which include the department and culture of Adult Social Care and Health and its officers and managers. The views, skills and needs of individuals, customers and carers, the community and voluntary sector and partner agencies, the wider council and the political, legal and financial context have also been taken into account.

The departmental intention to inclusively engage people is clear and officers are getting a good mix of ideas, challenge, information and feedback about the services they deliver and commission. The majority of people interviewed are clear that Adult Social Care and Health staff are really engaging with people and that there are a variety of ways to get involved.

In the main, individuals and staff are impressed with the leadership and engagement of senior officers of the Department. There is excellent practice apparent in different areas and there are many very committed and skilled officers. This good practice should be celebrated.

Some individuals and groups are having a direct influence over development and strategy, for example the improvement of accessible toilets at Finchley Memorial Hospital and the review of library services. Individuals across all areas are involved in different types of decision-making, for example the Ageing Well project and Right to Control programme. Recently established groups, for example the Older People's Assembly and the Learning Disability Parliament are already demonstrating good practice. There are also examples of different and creative approaches to engagement such as the open membership approach within the Mental Health Partnership Board.

Engagement work has developed in different ways across different partnership boards responding to the needs of different client groups and communities. This inevitably means there are opportunities and gaps along with good practice. Although there is clearly a lot of good will and intention to engage individuals, for a variety of reasons this is not consistently translated into good practice. Along with all the compliments, some individuals and groups expressed concerns. This was sometimes for very obvious practical reasons, such as feedback not always being given.

Individuals and officers have a range of motivations for getting involved or carrying out engagement work. Some of these are shared, such as a personal drive, a determination to make changes or wanting to gain a deeper understanding of others or of a situation. Skills inevitably vary amongst individuals and staff and therefore training, in a variety of themes such

as inclusivity or representation can be productive.

It is important to note that there are inevitably different and sometimes conflicting opinions about engagement, which is a very complex issue and a huge challenge for the different people involved. There is also often increased controversy and concern within periods of change and at times of difficult decisions. This is not unique to Adult Social Care or to Barnet.

In summary, the strengths and opportunities identified can be described as:

Strengths:

- the long standing relationship members of the partnership boards have with ASCH officers
- well established service user and carer involvement officer and partnerships officer within ASCH
- development and use of innovative approaches to involvement with the Learning Disability Parliament, the Older People's Assembly and the Carers Forum
- a highly committed group of customers, campaigning for the development of a Centre for Independent Living;
- some examples of joint work with local NHS organisations.
- Newly developed and approved policy on payment for customers and a budget to support involvement costs including transport

Areas for improvement:

- further development in the publication of a newsletter to maintain contact with people involved and to encourage people to become involved
- increasing the numbers of customers and carers involved
- development of a cross-partnership theme approach
- further develop involvement to ensure a co-creation and co-production approach.

A number of issues have been identified in terms of this involvement:

- how customers/carers are supported to participate fully
- how customers/carers are accountable to the larger user group and where this interfaces with the LINK / HealthWatch
- how succession of customers/carers is achieved
- how a wider cohort of customers and carers can be involved
- the capacity for development and co-ordination has been limited due to the volume of work

A full SWOT (strengths, weaknesses, opportunities and threats) analysis has been included in appendix 1.

2.0 The way forward - A fresh approach to Partnership Boards: Making a Breakthrough in Strategic Collaboration

2.1 Introduction

This paper provides an overview of the work undertaken during spring/summer 2012 when Adult Social Care and Health commissioned a strategic review of engagement by an independent consultant. This element of the review concentrates on the role of partnership boards and will show how customers, carers and communities were being engaged and suggests how to build on the good inclusive practice that was evidenced. It then goes on to provide a suggested framework for delivering involvement, collaboration and partnership working within the partnership board arena so that it is efficient, effective and sustainable¹.

The main purpose of engaging and involving customers, carers and the community is to maintain and improve services through commissioning and service development. It is vital to commission good quality services that are value for money and are meeting people's needs. This means individuals must be at the heart of the commissioning process by analysing what is needed; planning and designing services and then monitoring and reviewing them.

Members of the Barnet Council's ASCH's Senior Management Team (SMT) have expressed a desire to see how services can move towards co-production with customers, carers and communities. Co-production is about building relationships between different groups in order to share information, knowledge and experience, and come to consensus decisions on service development.

The approach of engagement and co-production can be summarised as:

- a method of working together from the outset, to achieve an agreed outcome
- everyone involved is valued as an equal
- where the 'trading' of skills, experience and knowledge is respected and employed to its maximum, in all directions
- positioning the perception and aspirations of the end-user as the main driver.

Comments made during the interviews and focus groups indicate that future strategic partnership working across ASCH in Barnet must be focussed and purposeful. This collaboration must be characterised by commitment, action and leadership.

There are no immediate financial implications to the report, however bringing about the change in relationship may identify pressures which will need SMT discussions.

¹ See the Barnet Council ASCH's Engagement and Co-Production strategy, which outlines how we propose to involve residents, customers, carers and partners in local issues

2.2 What people have been telling us?

People have told us where there are overlaps and where we could work with partners more closely, what works well and some ideas of how to improve. Below are a selection of comments and views that have been expressed.

- *Community members on Partnership Boards are most effective when they represent a range of views and people.*
- *Partnership Boards could be more inclusive and less formal.*
- *We need to be clearer on what outcomes we want from the engagement and what has been achieved as a result of the work.*
- *We do a lot of good work with working groups and forums but need an over-arching approach to ensure consistency and continuity.*
- *We should have an evidence-based approach to engagement and make better use of the information ASCH hold and what we hear from partnership boards.*
- *Engagement and involvement activities aren't always aligned with commissioning intentions and procurement. There needs to be a closer link between the two.*
- *Designing strategies and services together works well if people are involved from the very start.*
- *We need to engage with customers on their experiences of support planning and personalised services and involve people in new developments.*
- *Some new user-led forums are emerging - they should be supported to be able to be involved with Adult Social Care*
- *We do a lot of work around involving people but they are often the same people who work with us. We should recruit people on a regular basis and also reach more minority ethnic and other seldom heard people.*
- *We might be losing out as not everyone wants to engage with us in the traditional way by attending formal meetings.*
- *Creating a climate where everyone can be candid about their views and differences in opinion can be explored leading to breakthroughs in thinking.*
- *Ensuring that it is clear who takes decisions and how decisions are made, how information is collected from the range of people and how decisions are communicated so that they result in action and change on the ground.*
- *It is critical that new working arrangements are flexible, eliminate duplication of activity and ensure involvement is efficient and effective.*
- *Communications and activities should always be accessible and inclusive.*
- *Service user and carer involvement in re-commissioning ensures quality and relevance.*
- *There is not always enough evidence that results of stakeholder feedback went into the planning, delivery and monitoring of services.*
- *It was emphasised that the council should attempt to always feedback to people who have been involved on what has happened or changed.*

2.3 Recommendations

Thirty recommendations for action have been set out to build on existing good practice and strengthen existing partnership work. They cover four specific areas:

- Strategy and outcomes
- Accessibility and standards
- Skills and partnerships
- Form and function

All of these recommendations are intended to fit with and complement the broader context of Barnet Council ASCH's Engagement and Co-production Plan and supporting framework.

Strategy and outcomes

- 1 Where possible, build a three year framework that sets out an annual published timetable showing which key decisions are to be made and what consultation and engagement processes are taking place to complement them
- 2 Be creative in encouraging further co-production and devolution of responsibilities. For example, enable groups and individuals to take on key roles
- 3 Where possible, establish further opportunities for theme based cross-partnership work.
- 4 Recognise, celebrate, publicise and promote good practice and innovation in engagement to improve service design, development and delivery
- 5 Ensure the contribution of Partnership volunteers is recognised by the council, by highlighting their achievements in press releases and articles and through recognition certificates and events
- 6 Across all partnership boards draw up a set of agreed possible outcomes that can effectively demonstrate the impact of engagement. Ensure that these are monitored. Where possible, include them in service contracts for providers
- 7 Draw up an annual public statement of achieved engagement outcomes and publish widely
- 8 Carry out a 'one more time / clean slate' review of recurring issues. Review all feedback and see what issues continue to arise. Ask of staff, individuals and voluntary sector organisations, 'what are you continually saying that we have not responded to?' Do a no-holds-barred report, clear up issues and move on.

Accessibility and standards

- 9 Ensure all standards are consistently implemented, particularly those which address equality and diversity, accessibility, facilitation, communication and information so that customers, carers and communities can choose to become involved in mainstream engagement processes
- 10 Ensure aims are clear in each complex or contentious engagement process and review these periodically.
- 11 Ensure clear and consistent standards for engagement for individuals and voluntary sector representatives and that these standards form part of the induction process for new and existing members
- 12 Publicise existing engagement mechanisms alongside each other

Skills and partnerships

- 13 Establish a training programme for staff, customers and carers including; representation, participation, co-production, facilitation, meeting skills, inclusion, conflict management, the community and voluntary sector in the borough and where to turn for information
- 14 Encourage and support customers and carers to assist in delivering the training
- 15 Ensure joint policies (for example the Reward and Recognition Policy) are implemented in a consistent manner by staff at Barnet Council ASCH and the Clinical Commissioning Group
- 16 Explore further joint working with the voluntary sector, CCG, and provider organisations, particularly in training, skills-sharing and measuring outcomes
- 17 Co-Chairs, with support from the Partnerships and Governance Officer work to proactively recruit new members
- 18 Consider the recommendations within this report internally within the department, within existing engagement mechanisms and with the voluntary sector
- 19 Run a “Festival of Ideas” workshop to bring providers, commissioners, care managers, users and their carers together to increase knowledge and understanding of collaboration, co-design and co-production.

Form and function

- 20 Develop a new flexible way of working that provides the opportunity for all interested parties to engage. As far as possible, reduce the rigid formal ways of working and embrace a more collaborative approach that encourages creativity, innovation and radical action
- 21 Strengthen membership representation from customers, carers and the voluntary sector
- 22 Establish a Health and Wellbeing Partnership Summit for the Partnerships and the Health & Wellbeing Board to work together in developing a coherent view of future priorities of work; celebrate progress made by both the Partnership Boards and the HWBB, share any lessons learned; and develop a set of key messages to deliver to the community
- 23 Establish two joint-sub groups, one for Autism, which reports to both the Learning Disability and the Mental Health Partnership Boards and the other for Older Adults Mental Health reporting to the Older Adults and the Mental Health Partnership Boards
- 24 The Mental Health Partnership to consider developing arrangements with equivalent bodies in Enfield and Haringey to focus on common services across all three Boroughs
- 25 Keep Partnership membership under review to ensure it reflects the changing delivery arrangements across the public sector
- 26 Provide continued support to strengthen and develop networks such as the Older People’s Assembly, the Learning Disability Parliament and the Carers Forum in order to support a collaborative approach
- 27 Introduce and use ‘Action Logs’ for each Partnership to help ensure actions are not lost and report back where agreed actions, or actions were not followed up and reasons why.
- 28 Each Partnership and the Health & Wellbeing Board to share the 3 or 4 key points from each of their meetings with other Partnerships/Health & Wellbeing Board
- 29 Communicate the new working arrangement to all partners
- 30 Review the impact of the proposed working arrangements at the end of the initial twelve-months to determine the precise value of their activity and, if impact is evident, to determine ways of improving future collaboration.

3.0 Future Form: From partnership working to collaboration and co-production

This review has shown that generally those involved are not wedded to any particular structure or process but that they wish to engage in the most appropriate way. In other words, we should strive to create a flexible way of working that builds on goodwill and commitment by 'bringing the right people, to the right table, at the right time, to look at the right issues'.

The feedback has indicated a number of areas that are important to customers, carers and communities in making strategic partnerships work:

1. An inclusive approach; the partnership boards must reach out to those who use services including those in care homes, people who are housebound and those whose language or culture may make it difficult to engage
2. An increase in the number of individuals, who need to be drawn from across service areas, to ensure diversity of perspective
3. Development of existing structures to bring together customers, carers and representatives with the commissioners to focus on outcomes for customers and carers
4. Adopt a 'task & finish' approach wherever possible

To strengthen strategic collaboration in Barnet it is recommended that new working arrangements are put in place that include establishing an inclusive overarching Barnet Health and Wellbeing Partnership Summit that will represent the views of the variety of people and organisations involved and associated with Health and Wellbeing.

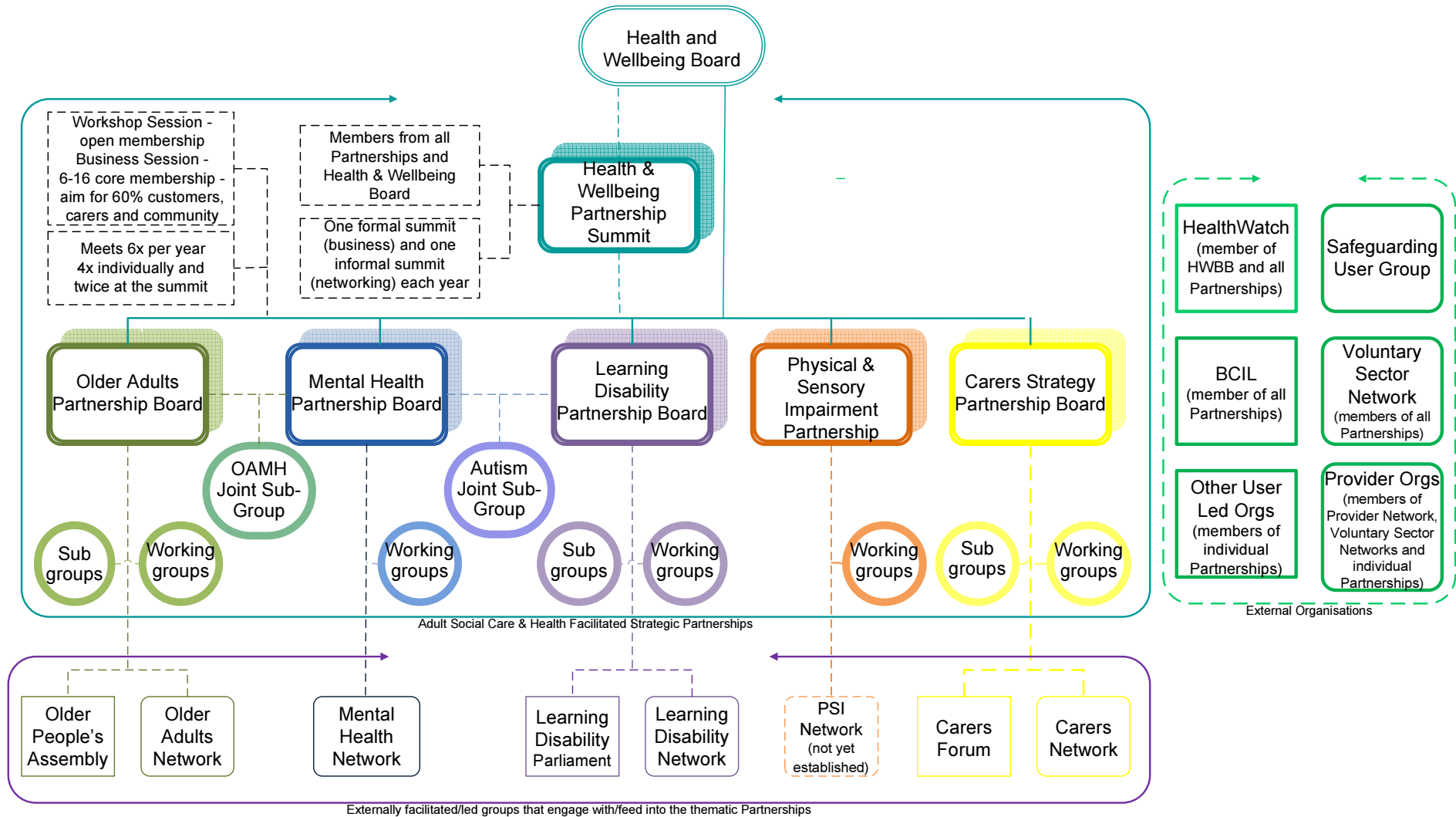
3.1 Partnership Boards

Partnership Boards will need to ensure that the added-value benefits of sustained collaborative working are maximised; leading to improved quality of life outcomes. To support the workshop approach, they will seek the involvement of local people in identifying and delivering value for money solutions and quality of life improvements for customers, carers and potential users of services. They will be able to facilitate a culture that encourages creativity, innovation and radical action to keep the adult social care and health agendas moving forward. In addition, they will be able to respond to cross-agency / cross-partnership efficiency and business transformation reviews in order to maximise effectiveness and value for money. The business sessions will call upon users, providers, commissioners, communities and other stakeholders to ensure that the recommendations around commissioning are well-informed and, that, once they have been made, services are successfully designed and delivered.

3.2 The Barnet Health and Wellbeing Partnership Summit

Members of all the Partnership Boards, together with members of the Health & Wellbeing Board will meet twice a year. One full-day business summit to co-develop future priorities of work, review and celebrate progress made over the previous year, share lessons that have been learned and to co-develop a set of messages to deliver to the community. The Barnet Health and Wellbeing Partnership Summit will represent the views of the variety of people and organisations associated with Health and Wellbeing. A second shorter, more informal summit to be held once a year for networking.

3.3 Future structure of strategic collaboration and partnership in Barnet



3.4 HealthWatch, Barnet Centre for Independent Living and User Led Organisations

The Government's *HealthWatch Transition Plan* states that HealthWatch is being created as a consumer champion to gather and represent the views of the public at both national and local levels. HealthWatch will have a duty to assist local health and social care commissioners and providers, and other community stakeholders by providing feedback, research and information on local people's views and experiences of health and social care, to improve services.

Barnet HealthWatch will therefore have a central role going forward in making sure that the views of the public and people who use services are taken into account. They will represent the views of people who use services, carers and the public on the Barnet Health and Wellbeing board and will have a seat on each of the Partnership Boards.

Barnet's Centre for Independent Living is a user-led organisation that brings together a range of community organisations, service users and carers to offer services that are based on the social model of disability and aimed at promoting independence, social inclusion and equality. Barnet Centre for Independent Living will have a seat on each of the Partnership Boards.

Other user-led and provider organisations may also have a seat on individual Partnership Boards relating to their area of expertise, for example Barnet Mencap could have a seat on the Learning Disability Partnership Board.

3.5 Voluntary Sector Networks

The Voluntary Sector Networks are independently hosted by Community Barnet. Community Barnet facilitate seven networks which meet on a regular basis to discuss shared interests and concerns and engage with local partnerships at a strategic level. Each network is chaired by an elected representative from a local voluntary and community organisation. The networks include: Adult Health and Social Care Providers Network; Carers Support Organisations Network; Children, Young People and Families Network; Learning Disabilities Network; Mental Health Network; Multicultural Network, Older Adults Network and a Small Organisation Network. Community Barnet are also working on developing a Refugee Network and a Physical and Sensory Impairment Network.

The networks represent the views of local voluntary and community organisations who have a relationship with Adult Social Care and Health and will have a seat on each of the Partnership Boards.

3.6 Barnet ASCH Provider Forum

Adult Social Care and Health host a forum for existing and potential new providers. The purpose of this forum is to facilitate good communication and focus strategic planning activity between existing and potential new providers and commissioners.

The Provider Forum allows the council to demonstrate greater transparency, inclusivity and strategic connection with providers. It helps to make sure that provider organisations are better informed about and able to respond to current local and national developments affecting their work.

3.7 Suggested framework for the Barnet Health & Wellbeing Partnership Summit

Purpose

To ensure that local priorities are addressed through stronger partnerships with customers, carers, voluntary and community sector, statutory organisations and other key partners, for example police, planning, job centre, road safety.

Aim

To bring together people with experience of, and responsibility for, adult social care and health in Barnet into a strategic network with a particularly focus on helping those with a strategic responsibility for funding, commissioning and facilitating the design and delivery of a more sustainable health and social care system.

Key Objectives

- To enable clear communication and flow of information between the Partnership Boards and the Health & Wellbeing Board
- To provide a forum in which members can develop co-ordinated, collaborative thinking and action for the wellbeing of individuals and communities
- To detect emerging and cross-Group issues
- To develop a coherent view of future priorities of work and a set of messages to deliver to the community
- To help take forward the borough-wide vision that will enable individuals 'to live as healthily and as independently as possible', with strong underpinning values that are firmly driven by the needs of the borough, in which all members have a commitment of collaboration.

Operational Arrangements

The summit will meet twice a year and will involve members of the Health & Wellbeing Board and Partnership Board members. The Summit does not exist to operate in its own right but acts under delegated powers from the constituent Partnership Boards as well as the Health & Wellbeing Board.

The programme of the full-day business summit can be divided into three sessions:

- Review of previous year's work, including a celebration of successes and lessons learned
- Workshop Sessions on cross-partnership Themes
- Forward Planning discussions to agree possible areas of future priority

The Chair of the Health & Wellbeing Board, together with the Director for Adult Social Care & Health will co-chair the business Summit.

The format of the networking summit will need to encourage lively, open discussions in a positive and supportive environment. The summit will create opportunities for dialogue and reflection so that a plethora of ideas can be shared. Participants will be able to participate in various small group breakout sessions focusing on a specific area of benefit or needed improvement. It is anticipated that the networking summit would last around three hours.

3.8 Suggested framework for the Partnership Boards

Vision

To promote, provide and enable partnership, collaboration and co-production to ensure that the added-value benefits of sustained collaborative working are maximised; leading to improved services and quality of life outcomes.

Purpose

To undertake strategic partnership working between the key public, voluntary and community organisations including service users, carers and the wider public to secure better health and wellbeing outcomes for the whole population, better quality of care, and better value for the taxpayer.

Aim

The Partnership Boards aim to promote a clear and co-ordinated approach to the co-development and co-delivery of programmes and initiatives that will provide the basis of a transformation in the effectiveness of adult social care and health services for the residents of Barnet.

Key Objectives

- To ensure services and strategic plans meet the needs of our local communities and communities are involved in the planning, design and delivery of actions, including the development and implementation of the Barnet health and wellbeing strategy and supporting commissioning strategies
- To co-produce where possible, finding new ways of doing things and how services are run and developed.
- To establish common priorities and targets, agreed actions and milestones that drive and lead to demonstrable, positive and sustainable change
- To ensure relevant communication channels with existing partnerships in the community and at Borough level that have a significant impact on the social and economic wellbeing of the Borough.
- To promote improved health and well being for people within their client group

In addition, members of the Partnership Boards will be encouraged to have a focus on;

- **Solutions** and
- **Value for money** – enabling others to save public money by doing things more efficiently.

Roles and Responsibilities

- To follow a co-productive model where staff, service users and their carers work together as equal partners on time limited and some ongoing projects using a user focused methodology.
- To establish permanent and/or “task and finish” sub-groups as required to undertake specific activities, receive reports from the sub-groups and monitor progress with activities
- Members to keep their own organisations / networks and other partnerships informed about progress and communicate effectively and accurately the outcome of Partnership Board meetings
- To promote and actively engage with local citizens and communities in the planning and delivery of local priorities
- To be part of the Barnet Health and Wellbeing Partnership Summit to widen local debate and discussion on achievements and future priorities

Principles

Each Partnership Board, Joint Sub-Groups and Sub Groups will:

- Take account of equality and diversity, promote inclusion and take responsibility for serving the best interest of service users and their carers
- Operate in a collaborative, open and effective way that views each member as an equal partner and values their contribution
- Conduct all business in a climate that seeks to find effective and realistic solutions
- Foster an ethos of success and achievement across partners with statutory and non-statutory responsibilities and the wider community
- Support the sharing of good practice, expertise and resources for the benefit of all

Operational Arrangements

The Partnership Board will meet every three months, however additional meetings may be arranged as and when necessary.

Members will be willing to raise and champion issues identified by the Partnership Board within their own organisations / networks to influence outcomes and delivery.

The meetings are divided into two sessions:

- **Workshop sessions** - an open session to co-produce new ways of doing things and how services are run and developed

- **Business sessions** - to ensure projects will be taken forward by a smaller membership group, comprised largely of the project leaders for the different projects, (including 60% service user, carers and voluntary sector membership) whose role is to:-
 - ensure that projects are kept on track
 - ensure that appropriate linkages are maintained between different elements
 - organise the delivery of reports to enable the Partnership Boards to exercise its function

Membership

Form should follow function. In order to deliver the purpose outlined above the following principles have underpinned the decisions about membership:-

- in keeping with the central theme about hearing the voice of users of services, their carers and representatives and supporting them to make a positive contribution 60% of the membership consists of service user / voluntary and community organisation representatives and family carers
- representation from statutory bodies needs to be sufficiently senior to achieve the required accountability and influence over resources
- there needs to be representation from the wide spectrum of services which are important to the lives of those people affected
- For the business sessions, a quorum to comprise a minimum of six members (with a suggested maximum of 16) provided this consists of one co-Chair and at least one representative of the Council, NHS Barnet, the voluntary sector, a service user and a carer.

Reporting Responsibilities

The Partnership Boards continue to report annually to the Health & Wellbeing Board

It is important to ensure that strong links are maintained with the Lead Member for Adult Social Care and Health, and with Members of the Health & Wellbeing Board. A twice-yearly summit will be held with all members of the Partnership Boards and Health & Wellbeing Board.

The Partnership Boards and Joint Sub-Groups may also establish sub groups as required to assist its core purpose provided these report promptly back. Some may be temporary task and finish groups, and others may have a longer term role.

As a point of principle, all projects overseen by the Partnership Boards will involve services users, their carers and representatives in their delivery – from project initiation to completion. The exact nature and extent of this involvement in each project should be decided by the Partnership Boards on a case by case basis.

4.0 Implementation

Implementation of the strategy should adopt the co-production approach and milestones will therefore need to be collectively agreed. It is important to remember that:

- Co-production may challenge existing frameworks of service provision
- Co-productive schemes require sustained, secure funding and organisational support but also need to be independent
- Co-production requires support for customers, carers, communities and staff - there is a need for training to support co-productive approaches.

The arrangements for strategic collaboration need to be established in as simple a way as possible in the first six months, demonstrating significant 'early wins' and establishing the quality of relationships necessary to produce consistent and high impact results. The following next steps are therefore proposed;

Co-chairs meeting

Arrange a meeting of co-chairs of existing partnership board to discuss approach for implementation.

Establish the Barnet Health & Wellbeing Partnership Summit to develop future priorities of work and a set of messages to deliver to the community. It is suggested the summit should involve all members from all Partnerships, the Health & Wellbeing Board as well as senior ASCH and NHS Managers.

Carry out a 'clean slate' review of recurring issues to see what issues continue to arise. Publish a no-holds-barred report to clear up these issues and foster a culture of openness and the principle of equal partnership.

Restructure existing Partnership Boards

Introduce workshop sessions into all Partnership Board meetings so that coproduction becomes the core business of the meetings. Encourage as many individuals as possible to become actively involved in these workshops so that services, strategies and development plans can be co-produced from the planning and design stage onwards.

The following list sets out suggested membership types of the Partnership Boards;

- Joint Strategic Commissioner
- Health / CCG representative
- Customers
- Carers
- Voluntary Sector Network Chair
- Voluntary Organisations
- A representative from LINKs/Healthwatch
- A representative from BCIL

Communicate the new working arrangement to all partners.

Prepare and circulate a '500 word narrative' for the new working arrangements. It has been suggested that the Groups produce a concise quarterly report that can be widely shared.

Develop Action Plan

An action plan will need to be developed to deliver the thirty recommendations within section 2. Implementation of the action plan will be overseen by the Assistant Director for Adult Social Care & Health.

Monitor implementation

The Partnership Boards will produce annual reports that reflect on the progress made towards goals from the perspective of customers/carers and any other relevant matters to put before the Barnet Social Care & Health Summit and Health & Wellbeing Board.

Ongoing Communications

The Partnership Boards newsletters "Peoples Voice" and "Your Life" will continue to be produced at least six-monthly to inform all customers and carers about how involvement is influencing outcomes for customers and carers.

More regular e-bulletins will be produced for distribution. Both Peoples Voice and Your Life newsletters to be more widely circulated than previously to encourage customers and carers to become involved. Staff will be informed of activities through the quarterly departmental email newsletter. A web page will be further developed on ASCH's website about how to become involved and will include the strategy. The LINK will be consulted about maintaining good communication.

Training Programme

Establish a training programme for staff, customers, carers and representatives, including representation, participation, co-production, facilitation, meeting skills, inclusion, conflict management, the community and voluntary sector in the borough and where to turn for information

Resources

Implementation of the strategy will be led by the Assistant Director for Adult Social Care & Health. A separate document has been produced that sets out the resources required for a consistent approach to co-production across ASCH in Barnet. Sufficient resources will need to be made available to ensure implementation of the strategy.

Appendix 1: Strengths, Weaknesses, Opportunities and Threats (SWOT) Analysis

<p style="text-align: center;">Strengths</p> <ul style="list-style-type: none"> • Generally good personal relationships • Civic leadership • Good public sector joint working with senior level buy-in across partners • Clarity about identifying success • Growing appreciation of what partnership work can deliver • Strong infrastructure and networks - family of partnerships' approach • Innovative approaches • Strong desire to do well 	<p style="text-align: center;">Weaknesses</p> <ul style="list-style-type: none"> • Lack of awareness of what Partnership Boards are and what they are not. Clarity of purpose • Not outcome focused across all partnership boards • Frustrations due to bureaucracy • Duplication of effort • Balance of agendas / reports / actions falling to the council and to partners generally doesn't demonstrate a sharing of burden
<p style="text-align: center;">Opportunities</p> <ul style="list-style-type: none"> • A one team ethos to keep ASCH moving forward with a clear sense of direction and shared priorities • Combining all the thematic partnership plans into a single annual rolling Barnet Partnership Plan with connectivity to partner business plans • Production of an annual 'state of the ASCH' report to drive the annual work programme of partnership groups • Strong focus on value for money, efficiencies and asset maximisation • Understanding of the total resource (budgets, people, asset etc) across all partners that can be deployed potentially leading to new ways of working / transformation. • Strong focus on action / delivery / outcomes and not on process • Nimble and flexible ways of working - bring the right people together, at the right time, to address the right priority • Significantly reducing the bureaucratic burden • Demonstrating the shared burden approach 	<p style="text-align: center;">Threats</p> <ul style="list-style-type: none"> • Budget restrictions leading to key partners focusing solely on core activities and not the value added partnership activities • Partner retrenchment leading back to organisational silos. • Cross partnership issues that do not get tackled. • Relationships between key individuals and key agencies / organisations breakdown • The goodwill and partnership working ethos built up through the partnership boards is lost. • ASCH sends out mixed messages, rather than a unified message to all parties involved.

Appendix 2: Who we talked to

- Allan Johnson, Barnet Multi-lingual Wellbeing Service
- Andrew Cowen, Barnet LINKS
- Andrew Cox, Middlesex Association for the Blind (PSIPB)
- Anela Shah, Barnet Elderly Asians Group (OAPB)
- Ann Burgess, Carer Representative (CSPB)
- Anthony Nicholson, Carers rep for (LDPB) and (CSPB)
- Benji Lanzkron, Parliament Officer, Barnet People's Choice
- Bernice Davis, Chief Executive, Norwood (LDPB)
- Caroline Chant, OA/PSI Joint Strategic Commissioner, LBB/NHS (OAPB and PSIPB)
- Caroline Collier, Barnet Centre for Independent Living
- Caroline Powls, Service User Involvement Officer, LBB (CSPB)
- Caroline Rossi, Support Worker, Barnet People's Choice
- Ceri Jacob, Joint AD for Joint Commissioning, LBB/NHS (MHPB)
- Cllr Alison Cornelius, Chair of Health Overview and Scrutiny Committee, Barnet Council
- Cllr Graham Old, Ageing Well Champion, Barnet Council
- Cllr Sachin Rajput, Cabinet Member - Adult Social Care, Barnet Council
- David Morris, Carer Representative (MHPB)
- Dawn Rowe, Communications Manager
- Dawn Wakeling, Deputy Director Care Services, LBB (LDPB)
- Deborah Robinson, ASCH Transformation Manager, LBB
- Denise Murphy, Chief Executive, CommUNITY Barnet
- Diane Williams, Barnet Carers Centre (OAPB)
- Elsie Lyons, Barnet Voice for Mental Health (MHPB)
- Emily Bowler, Customer Care Manager. LBB
- Fiona Jones, Barnet Carers Centre (CSPB)
- Foizul Islam, Project Manager - Social Care Transformation, LBB
- Heather Bates, ASCH Commissioning Manager, LBB
- Helen Coombes, ASCH Head of Transformation, LBB
- Henk Vermeulen, Barnet, Enfield and Haringey Mental Health Trust
- James Hulme, Communications Manager, Metropolitan Police - Barnet Borough
- Jasvinder Kaur Perihar, Carers Strategic and Commissioning Lead, LBB (CSPB)
- Jennifer Watson-Roberts, Complaints Manager, LBB
- Julie Pal, Strategic Equalities Officer, LBB
- Karina Vidler, Partnerships and Governance Officer, LBB/NHS (OAPB, PSIPB, MHPB, LDPB)
- Kim Sherwood, BCIL, Barnet Voice, Depression Alliance (MHPB)
- Mahmuda Minhaz, Chief Executive, People's Choice (LDPB)
- Manik Bapat, OT Manager, Adult Social Services, LBB
- Margaret Nolan Carer Rep (PSIPB)
- Marie Bailey, Head of Service (PSI), LBB (PSIPB)
- Marie Donaway, Graduate Trainee, LBB

- Mark Robinson, Age UK Barnet (OAPB)
- Marshall Taylor, Project Manager, LBB
- Mathew Kendall, AD Transformation and Resources, LBB (OAPB)
- Michael Nolan Service User Rep (PSIPB)
- Michael Nolan, Barnet Centre for Independent Living (PSIPB)
- Mike Fahey, Barnet Libraries Service (PSIPB)
- Nila Patel, Chair, Multicultural Health & Social Care Network (OAPB)
- Peter Cragg, 55+ Forum and Older People's Assembly (OAPB)
- Rachel Williamson, ASCH Commissioning Manager, LBB
- Ray Booth, Chief Executive, Barnet Mencap (LDPB)
- Richard Harris, Barnet People's Choice (LDPB)
- Rodney D'Costa, Head of Performance, LBB
- Rosie Evangelou, Consultation Manager, LBB
- Ruth Mulandi, Previous Chief Executive, CommUNITY Barnet
- Sarah Thomas, Right to Control Project Manager, LBB
- Selina Rodrigues, CommUNITY Barnet, Community Voluntary Sector Network
- Shailja Kumar, Stroke Association
- Shelley Gibbons, Community Projects for Barnet Mencap (LDPB)
- Shirley Rodwell, Carer Representative (CSPB)
- Stan Davison, 55+ Forum and Older People's Assembly (OAPB)
- Stella Henriques, Carers rep for (PSIPB) and (CSPB)
- Sue Smith, Safeguarding Adults Manager, LBB (Safeguarding Adults Board)
- Temmy Fasegha, MH / LD Joint Strategic Commissioner, LBB/NHS (MHPB) and (LDPB)
- Val Humbles, Multi-disciplinary Team Manager, Right to Control, LBB
- Virginia Wood, GP Practice Manager Rep (PSIPB)
- Yessica Alvarez-Manzano, Barnet LINK Manager, CommUNITY Barnet